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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/581,479			ing Date 02/2007	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	UMBER FI	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A	1	N/A			N/A	
	FAL CLAIMS CFR 1 16(i))		minus 20 ≈			1	X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		l	x s =		1	X 8 =	
☐APPLICATION SIZE FEE (37 GFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/f)(a) and 37 GFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	01/23/2012	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 11	Minus	20	= 0		x s =		OR	X \$60=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	···3	= 0	1	x s =		OR	X \$250=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
E.	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	X 8 =	
ENDMENT	Independent (37 CFR 1 16(h))	*	Minus	***	-]	X \$ =	, and the second	OR	X 8 =	
Ν̈́	Application Size Fee (37 CFR 1.16(s))					1					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (I call or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (I call or independent) is the highest number found in the appropriate box in column 1. The collection of increasting is genuine by 37 CER 1.16 The inferentiation is equivalent to this or equits in a broad file for a pulsify which is file (and by the ISETO to											

This collection of information is required by 37 CFR 11.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 Genefled 1;58 CS. CS. 22 and 37 CFR 11.4. This collection is estimated to take 12 innuities to complete, including gathering, preparing, and submitting the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Ext. 1450, Alexandrius, V.A. 2231-3.4. BO. D.O. NOT ISSO, J. EXES OF COMPLETED FORMISTO THIS ADDRESS SERVING TO: Commissioner for Patients, P.O. SOX 1450, Alexandrius, V.A. 2231-3.4. BO.